

REDACTED - FOR PUBLIC INSPECTION

Received & Inspected

1 JUL 07 2015

June 29, 2015

FCC Mail Room

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

DOCKET FILE COPY ORIGINAL

Re: WC Docket No. 14-58  
2015 Form 481 Annual Report of Westside Independent Telephone Company  
Study Area Code 351335

Dear Ms. Dortch:

Attached are one copy of each Stamped Confidential Document the Company wishes to file, two copies of the Redacted Confidential Document in redacted form and an accompanying cover letter for the FCC Form 481 annual report pursuant to 47 CFR sections 54.313 (f)(2) and 54.422 of the Federal Communication Commission rules.

A redacted copy of the Form 481 is being submitted to the FCC via its Electronic Comment Filing System (ECFS).

Westside Independent Telephone Company is filing certain financial information, reported pursuant to 47 CFR §54.313(f)(2), as confidential under the June 17, 2015 Protective Order (DA 15-712). Pursuant to that Order, each page of this filing has been marked "REDACTED - CONFIDENTIAL DOCUMENT." The non-redacted version of this information has been marked "CONFIDENTIAL FINANCIAL INFORMATION" - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO.10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.

Westside Independent Telephone Company is also requesting confidential treatment of certain information being filed pursuant to 47 CFR §54.202(a)(1)(ii) and 54.313(a)(1) (five year service quality improvement plan) under 47 CFR §0.457 and 0.459. The redacted version of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version has been marked "CONFIDENTIAL FINANCIAL INFORMATION" - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO.10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

No. of Copies rec'd 0  
List ABCDE

REDACTED - FOR PUBLIC INSPECTION

Westside Independent Telephone Company is providing to the Office of the Secretary the original of the cover letter and one Stamped Confidential Document, FCC Form 481 for WC Docket No. 14-58. Also enclosed are two redacted copies of the FCC Form 481.

Two copies of this cover letter and each Stamped Confidential Document of FCC Form 481 are also being delivered to Mr. Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, in accordance with the Protective Order.

Sincerely,

WESTSIDE INDEPENDENT TELEPHONE COMPANY

Jane Morlok, CFO

Cc: Charles Tyler, Telecommunications Access Policy Division  
Wireline Competition Bureau, Federal Communications Commission  
445 12<sup>th</sup> Street, S.W. Room 5-A452, Washington, DC 20554

FCC Form 481 - Carrier Annual Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0985/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351335
<015>	Study Area Name	WESTSIDE INDEPENDENT
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Jane Morlok
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7126732311 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jmorlok@westianet.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband) 0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband) (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile 0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	351344ia510.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	351344ia610.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/> (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability Certification Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	351335ia1010.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



(100) Service Quality Improvement Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 351335  
<015> Study Area Name WESTSIDE INDEPENDENT  
<020> Program Year 2016  
<030> Contact Name - Person USAC should contact regarding this data Jane Morlok  
<035> Contact Telephone Number - Number of person identified in data line <030> 7126732311 ext.  
<039> Contact Email Address - Email Address of person identified in data line <030> jmorlok@westianet.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒  
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5  
<111> year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Westside - 5-Year Plan Progress Report with map.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
<114> Report how much universal service (USF) support was received  
<115> How much (USF) was used to improve service quality and how support was used to improve service quality  
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage  
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity  
<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes  
Yes  
Yes  
Yes  
Yes  
Not Applicable

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

[illegible]

<010>	Study Area Code	351335
<015>	Study Area Name	WESTSIDE INDEPENDENT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035>	Contact Telephone Number - Number of person identified in data line <030>	7126732311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com

[illegible]



(710) Broadband Price Offerings Data Collection Form FCC Form 481 QMS Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	351335
<015>	Study Area Name	WESTSIDE INDEPENDENT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035>	Contact Telephone Number - Number of person identified in data line <030>	7126732311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com

[illegible]

[800] Operating Companies  
Data Collection Form

ECG Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351335
<015>	Study Area Name	WESTSIDE INDEPENDENT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035>	Contact Telephone Number - Number of person identified in data line <030>	7126732311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com
<810>	Reporting Carrier	Westside Independent Telephone Company
<811>	Holding Company	Breda Telephone Corp.
<812>	Operating Company	Westside Independent Telephone Company

[illegible]



(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	<b>Study Area Code</b>	351335
<b>&lt;015&gt;</b>	<b>Study Area Name</b>	WESTSIDE INDEPENDENT
<b>&lt;020&gt;</b>	<b>Program Year</b>	2016
<b>&lt;030&gt;</b>	<b>Contact Name - Person USAC should contact regarding this data</b>	Jane Moriok
<b>&lt;035&gt;</b>	<b>Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	7126732311 ext.
<b>&lt;039&gt;</b>	<b>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	jmorlok@westianet.com

**<910> Tribal Land(s) on which ETC Serves**

**<920> Tribal Government Engagement Obligation**

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.**
- <922> Feasibility and sustainability planning;**
- <923> Marketing services in a culturally sensitive manner;**
- <924> Compliance with Rights of way processes**
- <925> Compliance with Land Use permitting requirements**
- <926> Compliance with Facilities Siting rules**
- <927> Compliance with Environmental Review processes**
- <928> Compliance with Cultural Preservation review processes**
- <929> Compliance with Tribal Business and Licensing requirements.**

Select Yes or No or Not Applicable

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	351335
<015>	Study Area Name	WESTSIDE INDEPENDENT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035>	Contact Telephone Number - Number of person identified in data line <030>	7126732311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers  
Lifeline  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351335
<015>	Study Area Name	WESTSIDE INDEPENDENT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035>	Contact Telephone Number - Number of person identified in data line <030>	7126732311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com

3513351a1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.westianet.com/content/page/residential-financial-assistance-programs>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒



(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3050-0986/OMB Control No. 3050-0819

July 2013

<010>	Study Area Code	351335
<015>	Study Area Name	WESTSIDE INDEPENDENT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035>	Contact Telephone Number - Number of person identified in data line <030>	7126732311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

- <2016> Certification Support Used to Build Broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 431

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351335
<015>	Study Area Name	WESTSIDE INDEPENDENT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035>	Contact Telephone Number - Number of person identified in data line <030>	7126732311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification [47 CFR § 54.313(f)(1)(i)]

351335ia3010.pdf

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

351335ia3012.pdf

(3012) Community Anchor Institutions [47 CFR § 54.313(f)(1)(ii)]

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier [47 CFR § 54.313(f)(2)]

(Yes/No)

(3014) If yes, does your company file the RUS annual report

(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

351335ia3026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**REDACTED – FOR PUBLIC INSPECTION**

**WESTSIDE INDEPENDENT TELEPHONE COMPANY (SAC 1335)**

**ATTACHMENT – LINES 3027-3034**

**ATTACHMENT REDACTED IN ENTIRETY**



Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	351335
<015> Study Area Name	WESTSIDE INDEPENDENT
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035> Contact Telephone Number - Number of person identified in data line <030>	7126732311 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: WESTSIDE INDEPENDENT	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer: JANE MORLOK	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 7126732311 ext.	
Study Area Code of Reporting Carrier: 351335	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	351335
<015> Study Area Name	WESTSIDE INDEPENDENT
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035> Contact Telephone Number - Number of person identified in data line <030>	7126732311 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments



**REDACTED – FOR PUBLIC INSPECTION**

**WESTSIDE INDEPENDENT TELEPHONE COMPANY (SAC 1335)**

**ATTACHMENT – LINE 112**

**ATTACHMENT REDACTED IN ENTIRETY**

**FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules**

**CERTIFICATION OF WESTSIDE INDEPENDENT TELEPHONE COMPANY**

**Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. The Carrier measures its service connection, held order, and service interruption performance monthly according to Iowa Administrative Code §199-22.6. Carrier is in compliance with all of the Iowa Utilities Board rules governing rates charged and service supplied by Telephone Utilities as outlined in Section 199, Chapter 22 of the Iowa Administrative Code. Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Carrier has also implemented an Identity Theft Prevention Program in accordance with the Federal Trade Commission's current Red Flags Rule.

Available for inspection are the following items documenting our procedures for compliance:

- Carrier's service catalog
- Service terms and conditions
- Sample notice to customers on matters related to privacy
- Procedures for notice to customers of rate changes
- Notice to customers of Truth-In-Billing requirements
- Notice to customers of complaint procedures
- Disability accessibility notification
- Procedure for receiving emergency calls during non-business hours

I verify that the foregoing is true and correct. Executed on June 29, 2015.

/s/ Jane Morlok

Jane Morlok, CFO  
Westside Independent Telephone Company

**FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations**

**CERTIFICATION OF WESTSIDE INDEPENDENT TELEPHONE COMPANY**

**Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery (or equivalent power) reserve in its central office, which enables it to maintain a minimum of two hours of backup power to ensure functionality without an external power source if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-routing traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 29, 2015.

/s/ Jane Morlok

Jane Morlok, CFO  
Westside Independent Telephone Company



(700) Price Offerings Including Voice Rate Data  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351335
<015>	Study Area Name	WESTSIDE INDEPENDENT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035>	Contact Telephone Number - Number of person identified in data line <030>	7126732311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com

<701> Residential Local Service Charge Effective Date  
<702> Single State-wide Residential Local Service Charge

1/1/2015

&lt;703&gt;

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351335
<015>	Study Area Name	WESTSIDE INDEPENDENT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035>	Contact Telephone Number - Number of person identified in data line <030>	712673231d ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com

[illegible]

(800) Operating Companies  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986 / OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	351335
<015>	Study Area Name	WESTSIDE INDEPENDENT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Jane Morlok
<035>	Contact Telephone Number - Number of person identified in data line <030>	7126732311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jmorlok@westianet.com
<810>	Reporting Carrier	Westside Independent Telephone Company
<811>	Holding Company	Breda Telephone Corp.
<812>	Operating Company	Westside Independent Telephone Company

[illegible]

**FCC Form 481, Line 1010: Certification Regarding Voice Services Rate Comparability**

**CERTIFICATION OF WESTSIDE INDEPENDENT TELEPHONE COMPANY**

**Sec. 54.313(a)(10) Voice Services Rate Comparability**

Pursuant to § 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of its fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as published annually by the Wireline Competition Bureau.

I verify that the foregoing is true and correct. Executed on June 29, 2015.

/s/ Jane Morlok

Jane Morlok, CFO  
Westside Independent Telephone Company



FCC FORM 481 - Line 1210

**Westside Independent Telephone Company**

**Lifeline Terms and Conditions**

Westside Independent Telephone Company offers Lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll block is available to eligible consumers at no cost. Also, by choosing this option, consumers are usually not charged a deposit.

**Lifeline Program Eligibility Information**

**Program Based Eligibility**

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Low-Income Home Energy Assistance Program (LIHEAP)  
Federal Public Housing Assistance (Section 8)  
Supplemental Nutrition Assistance Program (SNAP)  
Medicaid  
National School Lunch Program's Free Lunch  
Program Supplemental Security Income (SSI)  
Temporary Assistance for Needy Families (TANF)

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state federal or Tribal program; notice letter of participation in a qualifying state federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

**Income Based Eligibility**

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

2015 Federal Poverty Guidelines – 135%

Household Size	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$15,889	\$19,872	\$18,292
2	\$21,505	\$26,892	\$24,745
2	\$27,121	\$33,912	\$31,198
4	\$32,737	\$40,932	\$37,651
5	\$38,353	\$47,952	\$44,104
6	\$43,969	\$54,972	\$50,557
7	\$49,585	\$61,992	\$57,010
8	\$55,201	\$69,012	\$63,463
Each Add'l Person	\$5,616	\$7,020	\$6,452

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Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

### **Number of Minutes-of-Use provided as Part of Lifeline Program Service**

The Company's Voice Lifeline service includes unlimited local minutes of use within the toll-free calling area. The Company's Voice Lifeline Plan does not include any free minutes of use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Life Service, Toll Blocking is available to eligible consumers at no cost.

### **Rates**

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by the Company. Advertised rates do not include any applicable taxes or surcharges.

### **Recertification of Lifeline Eligibility**

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

### **Additional Lifeline Program Information**

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

FCC Form 481 – Line 3010

**Westside Independent Telephone Company**

**Progress Report of 5-Year Plan – Milestone Certification**

Pursuant to 47 C.F.R. § 54.202(a), Westside Independent Telephone Company certifies that it has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

FCC Form 481 – Line 3012

**Westside Independent Telephone Company**

**Progress Report on 5 Year Plan – Community Anchor Institutions**

Westside Independent Telephone Company does not have any newly served community anchor institutions because all anchor institutions had broadband service available to them prior to 2014.



**REDACTED – FOR PUBLIC INSPECTION**

**WESTSIDE INDEPENDENT TELEPHONE COMPANY (SAC 1335)**

**ATTACHMENT – LINE 3026**

**ATTACHMENT REDACTED IN ENTIRETY**

